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## COR AMND/RESTATE/CORRECT OR O/D RESIGN RAIXU INVESTMENTS INC.

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TO: Amendment Section

## COVER LETTER

NAME OF CORPORATION:    Patrice   Pa	
DOCUMENT NUMBER:  P21000008661  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Cheyenne Moscley  Name of Contact Person  LegalZoom.com, Inc.  Firm/ Company  101 N. Brand Blvd., 11th Floor  Address  Glendale, CA 91203  City/ State and Zip Code  elias@realibrium.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Cheyenne Moseley at (800 773-0888 ext. 9724	
Name of Contract Downson	
Name of Contact Person Area Code & Daytime Telephone Nu	mber
Enclosed is a check for the following amount made payable to the Florida Départment of State:	
S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303	0

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Articles of Amendment to Articles of Incorporation of

RAIXU INVESTMENTS INC.			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P21000008661			
(Document Number of C	Corporation (if known)	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation:	orida Profit Corporation adopts the following	; amendmer	nt(ș) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A preference," "professional association." or the abbreviation "P.A."		n "Corp.,"	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Matting address MAT BE A FOST OFFICE BOA)			
		<del></del>	
		<del>,</del>	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	င်း	,
new registered agent and/or the new registered office address:	e, a, in the second	<u> </u>	
Name of New Registered Agent	<u>Fig.</u>	AH	السيا
	<u> </u>	20	
(Florida stree	ı address)		
New Registered Office Address:	, Florida		
K	City) (Zip C	(ide)	
New Registered Agent's Signature, If changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
Signature of New Reg	istered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones. V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P.T.S.D	Elias Echeverri	501 SE 2nd Street
Add			Apt 537
Remove			Fort Landerdale, FL 33301
2) Change			
Add	•		
Remove 3) Change		· .	
Add			<u>,</u>
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
δ)Change			
Add			
Remove			

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	sheets, if necessary).	(Be specific)			
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If an amendment	provides for an exc	hange, reclassificat	ion, or cancellation o	f issued shares.	
	nplementing the am	endment if not conf	sined in the amenda	nent itself:	
provisions for it	able, indicate N(A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  [no more than 90 days after amendment]	······································
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filling requirement's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	it shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	er the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the or	
"The number of votes east for the amendment(s) was/were sufficient for approva	I
by	 -
(voting group)	
Dated 2/24/2021	
Signature // // // // // Signature	
(By a director, president or other officer – if directors or offic selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
Elias Echeverri	
(Typed or printed name of person signing)	
President	
(Title of person signing)	